

10/547193

APPLICATION DATA SHEET

Application Information

JC20 Rec'd PCT/PTO 29 AUG 2005

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: AMBIPHILIC POROUS MATRIX

Attorney Docket Number:: 032553-054

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Mathew

Middle Name:: Louis, Steven

Family Name:: LEIGH

Name Suffix::

City of Residence:: Basel

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Hardstrasse 111

City of Mailing Address:: Basel

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-4052

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Steve
Middle Name::
Family Name:: LEIGH
Name Suffix::
City of Residence:: Amsterdam
State or Province of Residence::
Country of Residence:: Netherlands
Street of Mailing Address:: P.O. Box 2943
City of Mailing Address:: Amsterdam
State or Province of Mailing Address::
Country of Mailing Address:: Netherlands
Postal or Zip Code of Mailing Address:: 1000 CX
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Switzerland
Status:: Full Capacity
Given Name:: Elsa
Middle Name::
Family Name:: KUNG
Name Suffix::
City of Residence:: Basel
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Rudolfstrasse 39

City of Mailing Address:: Basel
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4054
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Peter
Middle Name::
Family Name:: VAN HOOGEVEST
Name Suffix::
City of Residence:: Bubendorf
State or Province of Residence::
Country of Residence:: Switzerland
Street of Mailing Address:: Breitenstrasse 3
City of Mailing Address:: Bubendorf
State or Province of Mailing Address::
Country of Mailing Address:: Switzerland
Postal or Zip Code of Mailing Address:: CH-4416

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (703) 836-6620
Fax Number:: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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This Application	National Stage of	PCT/EP2004/001985	02/27/04
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Europe	03251212.1	02/27/03	Yes
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Assignee Information

Assignee Name:: PHARES PHARMACEUTICAL RESEARCH
N.V.

Street of Mailing Address:: Emancipatie Boulevard 31, P.O. Box 6052

City of Mailing Address:: Curaçao

State or Province of Mailing Address::

Country of Mailing Address:: Netherlands-Antilles

Postal or Zip Code of Mailing Address::